UTILITY PATENT APPLICATION TRANSMITTAL O(Only for new nonprovisional applications under 37 CFR 1.53(b))

		23.	
Attomey Docket No.	862.2957	638	
First Named Invento	or or Application Identifier	11/9/	
KAZUHIRO NAKATA		L C	
Express Mail Label No.		•.	

APPLICATION ELEME		Assistant Commissioner for Patents Box Patent Application				
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Box Patent Application Washington, DC 20231				
1. Fee Transmittal Form (Submit an original, and a duplicate for	r fee processing)	6. Microfiche Computer Program (Appendix)				
2. X Specification Total Pa	ages 34	 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) 				
3. X Drawing(s) (35 USC 113) Total Sh	neets 11	a. Computer Readable Copy b. Paper Copy (identical to computer copy)				
4. X Oath or Declaration Total Pa	ges 1	c Statement verifying identity of above copies				
a. X Newly executed (original or	сору)	ACCOMPANYING APPLICATION PARTS				
b. Unexecuted for information Copy from a prior application	•	8. X Assignment Papers (cover sheet & document(s))				
(for continuation/divisional with [Note Box 5 below]	h Box 17 completed)	9. 37 CFR 3.73(b) Statement (when there is an assignee) X Power of Attorney				
i. DELETION OF IN Signed Statement at named in the prior a	VENTOR(S) ttached deleting inventor(pplication, see 37 CFR	10. English Translation Document (if applicable)				
1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		11. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations				
		12. Preliminary Amendment				
		13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)				
		14. Small Entity Statement(s) Statement filed in prior application Status still proper and desired				
		15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
		16. Other:				
Į.						
17. If a CONTINUING APPLICATION check an	propriate hoy and sup-	ly the requisite information:				
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Continuation Divisional Continuation-in-part (CIP) of prior application No/						
18. CORRESPONDENCE ADDRESS						
X Customer Number or Bar Code Label (Insert Customer, No. or Attach bar code label) here) or Correspondence address below						
NAME						

Address						
City	State	Zip Code				
Country	Telephone	Fax				

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
1	TOTAL CLAIMS (37 CFR 1.16(c))	16-20 =	-	X \$ 18.00 =	\$ -
	INDEPENDENT CLAIMS (37 cfr 1.16(b))	9-3 =	6	X \$ 78.00 =	\$ 468.00
	MULTIPLE DEPENDE	NT CLAIMS (if applicable) (37	CFR 1.16(d))	\$260.00 =	\$ -
4 D			****	BASIC FEE (37 CFR 1.16(a	\$ 760.00
			Total of	above Calculations	= \$1228.00
	Reduction b	y 50% for filing by small er	ntity (Note 37 CFR 1.9, 1	1.27, 1.28).	-
				TOTAL	= \$1228.00
a. b. c.	 Small entity status a.				
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1	X A check in the am	nount of \$ 40.00 to cover the	he recordal fee is enclos	ed.	
2. TI N	he Commissioner is here o. 06-1 <u>205</u> ;	by authorized to credit ove	erpayments or charge the	e following fees to D	eposit Account
a.	X Fees red	quired under 37 CFR 1.16.			

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	David L. Schaeffer, RN 34,716			
SIGNATURE	David. Schaeffer			
DATE	7/29/99			

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